

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

ADDRESS (number and street) ▼

4720 Montgomery Lane, Suite 200

☐ Check if different than previously reported. (ACC)

Bethesda

MD

20814-3449

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00089086

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 16 2014

through

M M M / D D D / Y Y Y Y Y Y  
11 24 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christina A. Metzler

Signature of Treasurer

Christina A. Metzler

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
12 04 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 16 2014 To: M M / D D / Y Y Y Y Y Y  
11 24 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2014</span>		<span style="border: 1px solid black; padding: 2px;">94201.47</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">59751.84</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">19405.68</span>	<span style="border: 1px solid black; padding: 2px;">169522.91</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">79157.52</span>	<span style="border: 1px solid black; padding: 2px;">263724.38</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">26762.97</span>	<span style="border: 1px solid black; padding: 2px;">211329.83</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">52394.55</span>	<span style="border: 1px solid black; padding: 2px;">52394.55</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 16 2014

To:

M M / D D / Y Y Y Y  
11 24 2014

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

9637.52

54807.37

(ii) Unitemized .....

9762.04

114635.39

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

19399.56

169442.76

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

19399.56

169442.76

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

6.12

80.15

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

19405.68

169522.91

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

19405.68

169522.91

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	262.97	3009.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	262.97	3009.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.00	206670.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	150.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	150.00
29. Other Disbursements .....	0.00	1500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26762.97	211329.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26762.97	211329.83

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	19399.56	169442.76
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19399.56	169292.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	262.97	3009.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	262.97	3009.83

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 6 OF 58  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Annmarie Huber**

Mailing Address 115 Mountain View Blvd

City

Klamath Falls

State

OR

Zip Code

97601-1537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sky Lakes Medical Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : 62408854

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kathleen D Weissberg**

Mailing Address 115 Beaufort Lane

City

Milford

State

DE

Zip Code

19963-3780

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endura Care Therapy Mgmt

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

334.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : 62408865

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Susan K Goszewski**

Mailing Address 225 Oregon Rd

City

Cheshire

State

CT

Zip Code

06410-1827

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yale New Haven Hosp

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

378.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : 62408866

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

310.84

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. MR Michael Sean Klein**

Mailing Address 13 Cynwyd Drive

City

Cape May Court House

State

NJ

Zip Code

08210-1979

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cape May Therapy Services, Inc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

10 / 17 / 2014

Transaction ID : 62408867

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Anna Haertling**

Mailing Address 7200 Alameda Rd Apt 504

City

Houston

State

TX

Zip Code

77054-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TIRR Memorial/Hermann

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.68

Date of Receipt

10 / 17 / 2014

Transaction ID : 62408868

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Brenda Lee Koverman**

Mailing Address 330 W Diversey Pkwy Apt 1503

City

Chicago

State

IL

Zip Code

60657-6206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rush University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 16 / 2014

Transaction ID : 62408876

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

560.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Jennifer Lee McLaughlin**

Mailing Address 105 Ruth Ellen Ct S

City

Newark

State

DE

Zip Code

19711-8511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PUMH, Inc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 19 / 2014

Transaction ID : 62408944

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Guy Louis McCormack**

Mailing Address 774 23rd Ave

City

San Francisco

State

CA

Zip Code

94121-3710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Samuel Merritt Univ.

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

344.20

Date of Receipt

10 / 18 / 2014

Transaction ID : 62408945

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Kimberly Bryze**

Mailing Address 4001 Elm St

City

Downers Grove

State

IL

Zip Code

60515-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midwestern Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 18 / 2014

Transaction ID : 62408946

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.42



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 58  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Gayle Green Smith**

Mailing Address 27205 103rd PI Se

City State Zip Code  
Kent WA 98030-7060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence St. Peter Hospital

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 21 2014

**Transaction ID : 62571567**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Harriett Smith Bynum**

Mailing Address 100 Cottonwood Dr

City State Zip Code  
Oakdale PA 15071-1108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kent State University, East Liverpool

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.16

Date of Receipt

M M / D D / Y Y Y Y Y  
10 21 2014

**Transaction ID : 62571582**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. MS Estrella Barrera**

Mailing Address 4232 Gochman St

City State Zip Code  
Austin TX 78723-4550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Austin Community College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.12

Date of Receipt

M M / D D / Y Y Y Y Y  
10 25 2014

**Transaction ID : 62571583**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 58

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. DR Ruth S Ramsey**

Mailing Address 50 Acacia Ave

City

San Rafael

State

CA

Zip Code

94901-2230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dominican Univ of CA

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.12

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2014

**Transaction ID : 62571584**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Carol Siebert**

Mailing Address 304 Forbush Mountain Dr

City

Chapel Hill

State

NC

Zip Code

27514-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed Occupational Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.16

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 62571585**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Jennifer Lee McLaughlin**

Mailing Address 105 Ruth Ellen Ct S

City

Newark

State

DE

Zip Code

19711-8511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PUMH, Inc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 62571587**

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 58

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Melissa Marie Whelan**

Mailing Address 83 Dikeman St Apt 1

City

Brooklyn

State

NY

Zip Code

11231-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCOT

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.16

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : 62571588**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Rebecca E Argabrite Grove**

Mailing Address 41718 Browns Farm Ln

City

Leesburg

State

VA

Zip Code

20176-6026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Occupational Therapy Associat

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : 62571589**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Sharon Thomson Reitz**

Mailing Address 8544 Window Latch Way

City

Columbia

State

MD

Zip Code

21045-5637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Towson Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.12

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2014

**Transaction ID : 62571590**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 58  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Carol Rose Scheerer**

Mailing Address 2121 Saint James Ave Apt 4

City State Zip Code  
Cincinnati OH 45206-3611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Xavier University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2014

**Transaction ID : 62571591**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Michele Annette Stoll**

Mailing Address 4816 Belfield Cir

City State Zip Code  
Richmond VA 23237-2164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia College

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : 62571595**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Nathan Bernard Herz**

Mailing Address 100 Baldwin Road

City State Zip Code  
Fishersville VA 22939-2375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgia Health Sciences Univ.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.81

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2014

**Transaction ID : 62571596**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 58  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Stephen B Kern**

Mailing Address 1023 Kimball St

City  
Philadelphia

State Zip Code  
PA 19147-3820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thomas Jefferson Univ

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

**Transaction ID : 62571597**

Amount of Each Receipt this Period

60.84

Full Name (Last, First, Middle Initial)

**B. Emily S Pugh**

Mailing Address 1744 Nw 7th Pl

City  
Gainesville

State Zip Code  
FL 32603-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Florida

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.16

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2014

**Transaction ID : 62571598**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Lisa Kay Iffland**

Mailing Address 2417 W Gladys Ave

City  
Chicago

State Zip Code  
IL 60612-4806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wright College

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.16

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 62571599**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

121.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 58  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Dawn Albarado Sonnier**

Mailing Address 35921 Sarasota Ave

City

Denham Springs

State

LA

Zip Code

70706-8633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DHH NORTHLAKE SUPPORTS AND SERVICE

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

617.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2014

**Transaction ID : 62571600**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Jodie Marie Valls**

Mailing Address 183 Lake Carnegie Ct

City

Laredo

State

TX

Zip Code

78041-2062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Laredo Community College

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

304.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2014

**Transaction ID : 62571601**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Kory Jean Hall**

Mailing Address 209 1st St Sw

City

Watertown

State

SD

Zip Code

57201-4210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Area Technical Institute

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

304.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2014

**Transaction ID : 62571602**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

91.26

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 58  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Florence Arcuri Clark**

Mailing Address 96 N Craig Ave Unit 13

City State Zip Code  
Pasadena CA 91107-3869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Southern California

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : 62571603**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Esther Bernice Bell**

Mailing Address 203 McClure St

City State Zip Code  
Gonzales TX 78629-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.16

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 62571606**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Mary Margaret Arnold**

Mailing Address 1119 Maysville Ave

City State Zip Code  
Zanesville OH 43701-5557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Zane State College

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.16

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

**Transaction ID : 62571608**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1060.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 16 OF 58

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Denise Chisholm**

Mailing Address 1603 Heritage Dr

City

Pittsburgh

State

PA

Zip Code

15237-7616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Pittsburgh, Dept of OT

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 62571609

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Michael Thomas Berthelette**

Mailing Address 4311 S Cameron Ave

City

Tampa

State

FL

Zip Code

33611-1327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OccupationalTherapy.com

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 22 / 2014

Transaction ID : 62571610

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Amy Jo Lamb**

Mailing Address 7024 N Meadows Way

City

Dexter

State

MI

Zip Code

48130-8637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eastern Michigan Univ. and DBA/ AJ Lam

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

10 / 24 / 2014

Transaction ID : 62571613

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

280.42

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Mary Ellen East**

Mailing Address 22043 Rein Ave

City State Zip Code  
 Eastpointe MI 48021-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Baker College Occupational Therapy Assistant

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 505.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : 62725548**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Paul Andre Fontana**

Mailing Address 709 Kaliste Saloom Rd

City State Zip Code  
 Lafayette LA 70508-4207

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 DBA The Fontana Center, Center For Wor Occupational Therapist

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : 62729027**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Penelope A Moyers Cleveland**

Mailing Address 575 Cleveland Ave S Apt 10

City State Zip Code  
 Saint Paul MN 55116-1261

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 St. Catherine Univ Occupational Therapist

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 304.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : 62729028**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

630.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Amy Hahn Solomon**

Mailing Address 9568 La Quinta Dr

City

Lone Tree

State

CO

Zip Code

80124-4202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pima Medical Institute

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.16

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

**Transaction ID : 62729030**

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

**B. Julie Renee Kalahar**

Mailing Address 320 26th St Nw

City

Watertown

State

SD

Zip Code

57201-5815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Area Technical Institute

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.54

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2014

**Transaction ID : 62751245**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Janis Elizabeth Battan**

Mailing Address 3193 Allen Road

City

Elk

State

WA

Zip Code

99009-9581

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eastern Washington Univ.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

**Transaction ID : 62751248**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

91.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Denise Marie Miller**

Mailing Address 12 Faircliff Ct

City State Zip Code  
 Glendale CA 91206-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GAMC Therapy and Wellness Center

Occupation  
 Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.54

Date of Receipt

11 / 08 / 2014

**Transaction ID : 62751249**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Jennifer Lee McLaughlin**

Mailing Address 105 Ruth Ellen Ct S

City State Zip Code  
 Newark DE 19711-8511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 PUMH, Inc.

Occupation  
 Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

11 / 03 / 2014

**Transaction ID : 62751250**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Christine Lynn Kroll**

Mailing Address 1528 Chase Blvd

City State Zip Code  
 Greenwood IN 46142-1559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Healthcare Therapy Service

Occupation  
 Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.62

Date of Receipt

11 / 09 / 2014

**Transaction ID : 62751251**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

105.84

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

## **A. DR Kelly Landry Alig**

Mailing Address 1900 Gravier St Office 801

City State Zip Code  
New Orleans LA 70112-2262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Louisiana State University HSC New Orl

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.62

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2014

**Transaction ID : 62751252**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

## **B. Dianne Franklin Simons**

Mailing Address 3009 Huntwick Ct

City State Zip Code  
Richmond VA 23233-7741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virginia Commonwealth University

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

**Transaction ID : 62751254**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

## **C. Neil Harvison**

Mailing Address 56 Ridge Rd

City State Zip Code  
New Milford CT 06776-3131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Occupational Therapy Associat

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 09 / 2014

**Transaction ID : 62751256**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

91.26

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Full Name (Last, First, Middle Initial)

A. Dahlia C Castillo

Mailing Address 6960 Bruce Bissonette Dr

City

El Paso

State

TX

Zip Code

79912-8516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Univ. of Texas at El Paso

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2014

Transaction ID : 62751257

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Deanne S Anderson

Mailing Address 411 Jerome Ave

City

Burlington

State

CT

Zip Code

06013-2313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Goodwin College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2014

Transaction ID : 62751258

Amount of Each Receipt this Period

30.46

Full Name (Last, First, Middle Initial)

C. Diana Rae Davis

Mailing Address 1013 Twin Oaks Dr

City

Morgantown

State

WV

Zip Code

26508-9430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Virginia Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2014

Transaction ID : 62751259

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

102.88

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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FOR LINE NUMBER: PAGE 22 OF 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)

Full Name (Last, First, Middle Initial)

A. Margo A Kreger

Mailing Address 5407 Carey Dr

City

Cedar Falls

State

IA

Zip Code

50613-7044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hawkeye Community College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.84

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 02 / 2014

Transaction ID : 62751260

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Andrea M Bilics

Mailing Address 20 Lexington Ln

City

Millis

State

MA

Zip Code

02054-1441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Worcester State College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 09 / 2014

Transaction ID : 62751262

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Joanne Christine Cassidy

Mailing Address 21179 College Dr  
333b Arts+science - Ota

City

Georgetown

State

DE

Zip Code

19947-4193

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Delaware Technical &amp; Community College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 09 / 2014

Transaction ID : 62751263

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

91.26

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)

Full Name (Last, First, Middle Initial)

**A. Claudette Stork Reid**

Mailing Address 5419 Woodmont Dr

City State Zip Code  
 Portage MI 49002-0542

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Business Network Unit Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 02 2014

Transaction ID : 62751264

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Sheri Montgomery**

Mailing Address 8 Clermont Ct

City State Zip Code  
 Palm Coast FL 32137-8926

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 University of St. Augustine Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.64

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 09 2014

Transaction ID : 62751266

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Patrick James Bloom**

Mailing Address 410 Elm Tree Lane

City State Zip Code  
 Vernon Hills IL 60061-1806

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Sundance Rehab Corp Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 09 2014

Transaction ID : 62751267

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

144.17

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 58  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Jennifer Ann Moore**

Mailing Address 1195 Westcliffe Drive

City State Zip Code  
Little Rock AR 72210-4784

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Univ of Central Arkansas Occupational Therapist

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
213.22

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 02 / 2014

**Transaction ID : 62751268**

Amount of Each Receipt this Period

30.46

Full Name (Last, First, Middle Initial)

**B. Stephen B Kern**

Mailing Address 1023 Kimball St

City State Zip Code  
Philadelphia PA 19147-3820

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Thomas Jefferson Univ Occupational Therapist

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
243.36

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 09 / 2014

**Transaction ID : 62751269**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. David Allen Haynes**

Mailing Address 3745 Kentland Dr

City State Zip Code  
Roanoke VA 24018-2415

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Jefferson College of Health Sciences Occupational Therapist

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
243.36

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 09 / 2014

**Transaction ID : 62751270**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

91.30



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Laurette Joan Olson**

Mailing Address 235 Garth Rd Apt A5a

City

Scarsdale

State

NY

Zip Code

10583-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

11 / 09 / 2014

Transaction ID : 62751272

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Michelle Rae Parolise**

Mailing Address 6822 Loyola Dr

City

Huntington Beach

State

CA

Zip Code

92647-4054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Santa Ana College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.54

Date of Receipt

11 / 09 / 2014

Transaction ID : 62751273

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Gail Fisher**

Mailing Address 1003 S Elmwood Ave

City

Oak Park

State

IL

Zip Code

60304-2109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Illinois

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 08 / 2014

Transaction ID : 62751274

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

91.26

**TOTAL** This Period (last page this line number only)..... ►

X	11a		11b		11c		12		
	13		14		15		16		17

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Age Group	Percentage
18-24	10.00
25-34	15.00
35-44	20.00
45-54	25.00
55-64	30.00
65-74	35.00
75+	40.00

Age Group	Percentage
18-24	30.42
25-34	28.57
35-44	26.43
45-54	24.29
55-64	22.14
65-74	20.00
75+	17.86

30.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Full Name (Last, First, Middle Initial)

**A. Amy Hahn Solomon**

Mailing Address 9568 La Quinta Dr

City

Lone Tree

State

CO

Zip Code

80124-4202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pima Medical Institute

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.58

Date of Receipt

11 / 01 / 2014

Transaction ID : 62751278

Amount of Each Receipt this Period

40.42

Full Name (Last, First, Middle Initial)

**B. Mary Patricia Shotwell**

Mailing Address 3463 Crown Dr

City

Gainesville

State

GA

Zip Code

30506-1407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brenau University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.58

Date of Receipt

11 / 03 / 2014

Transaction ID : 62751279

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. DR Diane Lynn Smith**

Mailing Address 120 Pleasant St Unit 306

City

Watertown

State

MA

Zip Code

02472-2398

FEC ID number of contributing  
federal political committee.

C

Name of Employer

V.A. Medical Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 02 / 2014

Transaction ID : 62751280

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

101.26

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Brent Howard Braveman**

Mailing Address 1 Hermann Park Ct Apt 432

City

Houston

State

TX

Zip Code

77021-2293

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M.D. Anderson Cancer Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.54

Date of Receipt

11 / 03 / 2014

Transaction ID : 62751281

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Cathy M Mistovich**

Mailing Address 2631 Monaldi Pkwy

City

Dyer

State

IN

Zip Code

46311-2134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Suburban College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 04 / 2014

Transaction ID : 62751282

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Monica Lee Robinson**

Mailing Address 453 W 10th Ave

City

Columbus

State

OH

Zip Code

43210-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

931.22

Date of Receipt

11 / 09 / 2014

Transaction ID : 62751283

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

155.42

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Cynthia A Robinson**

Mailing Address 1200 N Stonewall Ave

City State Zip Code  
Oklahoma City OK 73117-1215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Oklahoma Health Sciences Center

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 08 / 2014

**Transaction ID : 62751284**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Kristie Patten Koenig**

Mailing Address 721 N Jackson St

City State Zip Code  
Media PA 19063-2553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Temple University

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

11 / 09 / 2014

**Transaction ID : 62751285**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. LaDessa Forrest**

Mailing Address 10207 W. Yosemite

City State Zip Code  
Wichita KS 67215-1580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aegis Therapy

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.80

Date of Receipt

11 / 02 / 2014

**Transaction ID : 62751286**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

91.26

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAAC)

Full Name (Last, First, Middle Initial)

**A. Patricia E Fingerhut**

Mailing Address 2201 Twin Oaks Blvd

City

Kemah

State

TX

Zip Code

77565-2154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of TX Med Branch

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

11 / 09 / 2014

Transaction ID : 62751287

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Lori Vaughn**

Mailing Address 175 Granville Rd

City

Southwick

State

MA

Zip Code

01077-9666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bay Path College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 09 / 2014

Transaction ID : 62751288

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Rebecca Ann Piazza**

Mailing Address 5110 Nw 30th Ln

City

Gainesville

State

FL

Zip Code

32606-7023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shands Rehab Hospital

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 09 / 2014

Transaction ID : 62751289

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

110.84

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Jennifer Lynn Allison**

Mailing Address 2451 Clock Face Ct

City

Lawrenceville

State

GA

Zip Code

30043-1333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brenau Univ.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

11 / 09 / 2014

Transaction ID : 62751290

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Miss Gretchen Renee Ward**

Mailing Address 62 W 107th St Apt 6d

City

New York

State

NY

Zip Code

10025-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed Occupational Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

11 / 09 / 2014

Transaction ID : 62751292

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. MRS Kim Ann Mahoney**

Mailing Address 1210 Puritan Ave

City

Bronx

State

NY

Zip Code

10461-6153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Top Health

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.36

Date of Receipt

11 / 09 / 2014

Transaction ID : 62751293

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

91.26

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Full Name (Last, First, Middle Initial)

**A. MRS Laura Elizabeth Robinson**

Mailing Address 2490 Dongara Dr Apt 510

City State Zip Code  
Dexter MI 48130-1579

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heartland Health Care Center of Ann Ar

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.22

Date of Receipt

11 / 02 / 2014

Transaction ID : 62751294

Amount of Each Receipt this Period

30.46

Full Name (Last, First, Middle Initial)

**B. MS Sara Marie Androya**

Mailing Address 50634 Jefferson Apt # 219

City State Zip Code  
New Baltimore MI 48047-2369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lapeer County Intermediate School Dist

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 09 / 2014

Transaction ID : 62751295

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. MISS Kelsi A Shough**

Mailing Address 2145 Northglen Dr

City State Zip Code  
Clovis NM 88101-9357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Tech University Health Sciences

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.36

Date of Receipt

11 / 09 / 2014

Transaction ID : 62751296

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

91.30

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Ivelisse Lazzarini**

Mailing Address 2405 Silverside Rd

City

Wilmington

State

DE

Zip Code

19810-4520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lemoyne College

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

213.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2014			

Transaction ID : 62751297

Amount of Each Receipt this Period

30.46

Full Name (Last, First, Middle Initial)

**B. Wendy Welch Jones**

Mailing Address 28222 Timber Vlg

City

Magnolia

State

TX

Zip Code

77355-4224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal EMS

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

374.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2014			

Transaction ID : 62751298

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Kenneth G Dechman**

Mailing Address 28 Soller Heights Rd

City

Ghent

State

NY

Zip Code

12075-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed Occupational Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2014			

Transaction ID : 62751299

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ▶

91.30

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 58  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Carolyn Baum**

Mailing Address 4444 Forest Park Ave

City State Zip Code  
 Saint Louis MO 63108-2212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Washington Univ School of Medicine

Occupation  
 Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 08 / 2014

**Transaction ID : 62751300**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Lucinda S Murray**

Mailing Address Po Box 33932

City State Zip Code  
 Shreveport LA 71130-3932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Louisiana State Univ., Shreveport

Occupation  
 Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 05 / 2014

**Transaction ID : 62751302**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Janice Diane Hinds**

Mailing Address 2467 S Lincoln St

City State Zip Code  
 Denver CO 80210-5016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Col Dept of Human Services, Col Mental

Occupation  
 Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.58

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 09 / 2014

**Transaction ID : 62751303**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

91.26

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 58  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Jan Rowe**

Mailing Address 1530 3rd Ave S

City  
Birmingham

State Zip Code  
AL 35294-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Alabama @ Birmingham

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

669.16

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

**Transaction ID : 62751304**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Laurel Cargill Radley**

Mailing Address 176 Carl Slagle Rd

City  
Franklin

State Zip Code  
NC 28734-7814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Community College

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2014

**Transaction ID : 62751313**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Anne Elizabeth Dickerson**

Mailing Address 1806 Planters Walk

City  
Greenville

State Zip Code  
NC 27858-8426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Carolina Univ

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 09 / 2014

**Transaction ID : 62751314**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

425.84

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)

<p>Full Name (Last, First, Middle Initial)</p> <p><b>A. Kathryn Melin Eberhardt</b></p> <p>Mailing Address 142 North Rebecca Street</p> <p>City State Zip Code Glenwood IL 60425-1408</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation South Suburban College Occupational Therapy Assistant</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <input type="text" value="304.20"/> </p>		<p>Date of Receipt</p> <p><input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/></p> <p><b>Transaction ID : 62751315</b></p> <p>Amount of Each Receipt this Period  <input type="text" value="30.42"/> </p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>B. Brent Howard Braveman</b></p> <p>Mailing Address 1 Hermann Park Ct Apt 432</p> <p>City State Zip Code Houston TX 77021-2293</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation M.D. Anderson Cancer Center Occupational Therapist</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <input type="text" value="634.54"/> </p>		<p>Date of Receipt</p> <p><input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2014"/></p> <p><b>Transaction ID : 62751316</b></p> <p>Amount of Each Receipt this Period  <input type="text" value="100.00"/> </p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>C. Yvonne Michielle Randall</b></p> <p>Mailing Address 6576 Appletree Cir</p> <p>City State Zip Code Las Vegas NV 89103-4325</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Touro University Nevada Occupational Therapist</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <input type="text" value="950.00"/> </p>		<p>Date of Receipt</p> <p><input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2014"/></p> <p><b>Transaction ID : 62751317</b></p> <p>Amount of Each Receipt this Period  <input type="text" value="100.00"/> </p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<input type="text" value="230.42"/>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<input type="text"/>

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 58  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Yvonne Michelle Randall**

Mailing Address 6576 Appletree Cir

City

Las Vegas

State

NV

Zip Code

89103-4325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Touro University Nevada

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

11 / 04 / 2014

Transaction ID : 62751318

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Allison Mae Stone**

Mailing Address 6682 Oxendale Ave

City

Las Vegas

State

NV

Zip Code

89139-5364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sunrise Hospital

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 03 / 2014

Transaction ID : 62751320

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Rebecca Austill-Clausen**

Mailing Address Austills Rehab Svc

100 John Robert Thomas Dr

City

Exton

State

PA

Zip Code

19341-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DBA Austill's Rehab. Svc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

11 / 05 / 2014

Transaction ID : 62875951

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

480.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 58  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Paula Kramer**

Mailing Address 2 Kinglet Dr S

City State Zip Code  
Cranbury NJ 08512-2129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ. of the Sciences in Philadelphia

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 13 / 2014

**Transaction ID : 62908100**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. DR Patricia Ann Crist**

Mailing Address 6804 W Williams Dr

City State Zip Code  
Glendale AZ 85310-5226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northern Arizona Univ.

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2014

**Transaction ID : 62908102**

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

**C. MR Michael Sean Klein**

Mailing Address 13 Cynwyd Drive

City State Zip Code  
Cape May Court House NJ 08210-1979

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cape May Therapy Services, Inc.

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2014

**Transaction ID : 62908120**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

142.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 58  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Susan K Goszewski**

Mailing Address 225 Oregon Rd

City

Cheshire

State

CT

Zip Code

06410-1827

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yale New Haven Hosp

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

409.20

Date of Receipt

11 / 17 / 2014

Transaction ID : 62908121

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Debra Ann Rybski**

Mailing Address 468 Florence Ave

City

Webster Grvs

State

MO

Zip Code

63119-4159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Louis Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

517.19

Date of Receipt

11 / 16 / 2014

Transaction ID : 62908179

Amount of Each Receipt this Period

30.43

Full Name (Last, First, Middle Initial)

**C. Rachelle Dorne**

Mailing Address 6274 Sw 192nd Ave

City

Fort Lauderdale

State

FL

Zip Code

33332-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nova Southeastern University

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

292.94

Date of Receipt

11 / 10 / 2014

Transaction ID : 62908181

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

91.27

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Timothy Justin Wolf**

Mailing Address 4444 Forest Park Ave

City

Saint Louis

State

MO

Zip Code

63108-2212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington Univ. in St. Louis

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2014			

Transaction ID : 62908183

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Stephanie Singleton**

Mailing Address 78 Coryphodon Ln

City

Jemez Springs

State

NM

Zip Code

87025-9518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Presbyterian Home Health Svcs

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

399.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2014			

Transaction ID : 62908186

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Anna Haertling**

Mailing Address 7200 Almeda Rd Apt 504

City

Houston

State

TX

Zip Code

77054-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TIRR Memorial/Hermann

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

317.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2014			

Transaction ID : 62908188

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ▶

91.26

TOTAL This Period (last page this line number only)..... ▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

<p>Full Name (Last, First, Middle Initial)  <b>A. Jennifer C Johnson</b></p> <p>Mailing Address 1126 N Cedar St</p> <p>City State Zip Code  Abilene KS 67410-2022</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Hoover Bachman Assoc Occupational Therapist</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  334.58</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  11 / 15 / 2014  <b>Transaction ID : 62908831</b></p> <p>Amount of Each Receipt this Period  30.42</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Carla Sue Wilhite</b></p> <p>Mailing Address 1434 Adams St Ne</p> <p>City State Zip Code  Albuquerque NM 87110-5047</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Univ. of North Dakota Occupational Therapist</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  415.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  11 / 15 / 2014  <b>Transaction ID : 62908832</b></p> <p>Amount of Each Receipt this Period  25.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. David Dennis Clark</b></p> <p>Mailing Address 1012 Demorest Mount Airy Hwy</p> <p>City State Zip Code  Mount Airy GA 30563-3505</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Retired Occupational Therapist</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  334.54</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  11 / 15 / 2014  <b>Transaction ID : 62908833</b></p> <p>Amount of Each Receipt this Period  30.42</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>85.84</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Janet Sue Jedlicka**

Mailing Address 134 Breezy Hills Cv

City

Grand Forks

State

ND

Zip Code

58201-7919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of North Dakota

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.16

Date of Receipt

11 / 16 / 2014

Transaction ID : 62908835

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

**B. Kimberly Bryze**

Mailing Address 4001 Elm St

City

Downers Grove

State

IL

Zip Code

60515-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midwestern Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 18 / 2014

Transaction ID : 62908836

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Pamela Ellen Toto**

Mailing Address 7008 Lyons View Ct

City

Murrysville

State

PA

Zip Code

15668-1056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Pittsburgh

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.62

Date of Receipt

11 / 15 / 2014

Transaction ID : 62908838

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

160.80

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 58  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Christine Cooper Marzo**

Mailing Address 18 Shadow Ln

City State Zip Code  
Williston Pk NY 11596-2511

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Metro Therapy Occupational Therapist

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2014

Transaction ID : 63107999

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Harriett Smith Bynum**

Mailing Address 100 Cottonwood Dr

City State Zip Code  
Oakdale PA 15071-1108

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Kent State University, East Liverpool Occupational Therapist

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
334.58

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 21 / 2014

Transaction ID : 63108037

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Carol Siebert**

Mailing Address 304 Forbush Mountain Dr

City State Zip Code  
Chapel Hill NC 27514-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Self Employed Occupational Therapist Occupational Therapist

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
334.58

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 21 / 2014

Transaction ID : 63108040

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 58  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Melissa Marie Whelan**

Mailing Address 83 Dikeman St Apt 1

City State Zip Code  
 Brooklyn NY 11231-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCOT

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.58

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 24 / 2014

**Transaction ID : 63108044**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Rebecca E Argabrite Grove**

Mailing Address 41718 Browns Farm Ln

City State Zip Code  
 Leesburg VA 20176-6026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Occupational Therapy Associat

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 24 / 2014

**Transaction ID : 63108045**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Michele Annette Stoll**

Mailing Address 4816 Belfield Cir

City State Zip Code  
 Richmond VA 23237-2164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia College

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.74

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 24 / 2014

**Transaction ID : 63108048**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 58

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Lisa Kay Iffland**

Mailing Address 2417 W Gladys Ave

City  
Chicago

State  
IL

Zip Code  
60612-4806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wright College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 21 / 2014

Transaction ID : 63108052

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Dawn Albarado Sonnier**

Mailing Address 35921 Sarasota Ave

City

Denham Springs

State

LA

Zip Code

70706-8633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DHH NORTHLAKE SUPPORTS AND  
SERVICES CE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Occupational Therapist

Aggregate Year-to-Date ▼

648.36

Date of Receipt

11 / 23 / 2014

Transaction ID : 63108053

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Kory Jean Hall**

Mailing Address 209 1st St Sw

City

Watertown

State

SD

Zip Code

57201-4210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Area Technical Institute

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 22 / 2014

Transaction ID : 63108055

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

91.26

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Deborah Lynn Hinerfeld**

Mailing Address 2820 Stoneglen Close

City

Roswell

State

GA

Zip Code

30076-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Atlanta Speech School

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 63108067

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Mary Margaret Arnold**

Mailing Address 1119 Maysville Ave

City

Zanesville

State

OH

Zip Code

43701-5557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Zane State College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 20 / 2014

Transaction ID : 63108071

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Michael Thomas Berthelette**

Mailing Address 4311 S Cameron Ave

City

Tampa

State

FL

Zip Code

33611-1327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OccupationalTherapy.com

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 22 / 2014

Transaction ID : 63108073

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

495.42

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 58

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Mr. Scott David Nordquist**

Mailing Address 11874 Canterbury Dr.

City

Sterling Heights

State

MI

Zip Code

48312-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. John's Hospital

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2014			

**Transaction ID : 63108074**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Julia Lindsey**

Mailing Address 3202 Country Club Ln

City

Jeffersonville

State

IN

Zip Code

47130-7546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupational Therapy Student

Occupation

Student

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2014			

**Transaction ID : 63108075**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Amy Jo Lamb**

Mailing Address 7024 N Meadows Way

City

Dexter

State

MI

Zip Code

48130-8637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eastern Michigan Univ. and DBA/ AJ Lam

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

334.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2014			

**Transaction ID : 63108077**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

80.84

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 58

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Full Name (Last, First, Middle Initial)

## **A. Esther Bernice Bell**

Mailing Address 203 McClure St

City

Gonzales

State

TX

Zip Code

78629-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

334.58

Date of Receipt

11 / 21 / 2014

Transaction ID : 63108081

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

## **B. Rachel Gail Bernzweig**

Mailing Address 4 Jenkins Drive

City

Northborough

State

MA

Zip Code

01532-2067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fairlawn Rehab Hospital

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

202.06

Date of Receipt

11 / 24 / 2014

Transaction ID : 63108082

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Lisa Ann Fyffe**

Mailing Address 1208 Bateleur Ln

City

Fort Collins

State

CO

Zip Code

80524-3777

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Poudre Valley Hospital

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 14 / 2014

Transaction ID : 63108126

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

445.42



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)

Full Name (Last, First, Middle Initial)

**A. Dennis Sullivan Cleary**

Mailing Address 453 W 10th Ave

City

Columbus

State

OH

Zip Code

43210-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Ohio State Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

Transaction ID : 63108145

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Barbara Winthrop**

Mailing Address 4919 Holly St

City

Bellaire

State

TX

Zip Code

77401-5714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DBA Aaron & Winthrop Hand Therapy Serv

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

Transaction ID : 63133799

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1030.00

9637.52

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		17		2014

Mailing Address PO Box 4418, Mail Code 1948

City	State	Zip Code
Atlanta	GA	30302

**Transaction ID : 62905177**Purpose of Disbursement  
Bank fees on Checking Account

001
Category/ Type

Amount of Each Disbursement this Period

262.97
--------

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Bank fees on Checking Account

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

262.97
--------

262.97
--------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Hagan For Us Senate Inc**

Mailing Address PO Box 29103

City	State	Zip Code
Greensboro	NC	27429

Purpose of Disbursement  
campaign contribution

Candidate Name

**Sen. Kay R. Hagan**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

**Transaction ID : 62379593**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**B. Duckworth For Congress**

Mailing Address P.O. Box 59568

City	State	Zip Code
Schaumburg	IL	60159

Purpose of Disbursement  
campaign contribution

Candidate Name

**Rep. Tammy Duckworth**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

**Transaction ID : 62379597**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**C. Loeb sack For Congress**

Mailing Address PO Box 3013

City	State	Zip Code
Iowa City	IA	52244

Purpose of Disbursement  
campaign contribution

Candidate Name

**Rep. David Wayne Loeb sack**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

**Transaction ID : 62420193**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Tim Walz For Us Congress**

Mailing Address PO Box 938

City	State	Zip Code
Mankato	MN	56002

Purpose of Disbursement  
campaign contribution

Candidate Name

**Rep. Timothy J. Walz**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

**Transaction ID : 62420204**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Elizabeth Esty**

Mailing Address PO Box 61

City	State	Zip Code
Cheshire	CT	06410

Purpose of Disbursement  
campaign contribution

Candidate Name

**Rep. Elizabeth Esty**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

**Transaction ID : 62420205**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**C. Lee Terry For Congress**

Mailing Address PO Box 540098

City	State	Zip Code
Omaha	NE	68154

Purpose of Disbursement  
campaign contribution

Candidate Name

**Rep. Lee Terry**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

**Transaction ID : 62420206**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Charles Boustany Jr. Md For Congress, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

**Transaction ID : 62420207**Purpose of Disbursement  
campaign contribution

011

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**Rep. Charles W. Boustany Jr.**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

campaign contribution

State: LA District: 03

Full Name (Last, First, Middle Initial)

**B. Brady For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Mailing Address PO Box 8277

City	State	Zip Code
The Woodlands	TX	77387

**Transaction ID : 62420208**Purpose of Disbursement  
campaign contribution

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Kevin Patrick Brady**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

campaign contribution

State: TX District: 08

Full Name (Last, First, Middle Initial)

**C. Diana DeGette For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Mailing Address P.O. Box 61337

City	State	Zip Code
Denver	CO	80206

**Transaction ID : 62420209**Purpose of Disbursement  
campaign contribution

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Diana DeGette**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

campaign contribution

State: CO District: 01

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Michael Burgess For Congress**

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement  
campaign contribution

Candidate Name

**Rep. Michael C. Burgess M.D.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

**Transaction ID : 62420210**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**B. Alexander For Senate 2014 Inc**

Mailing Address 228 S Washington Street Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
campaign contribution

Candidate Name

**Sen. Lamar Alexander**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

**Transaction ID : 62420211**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**C. Enzi For Us Senate**

Mailing Address PO Box 2775

City	State	Zip Code
Cody	WY	82414

Purpose of Disbursement  
campaign contribution

Candidate Name

**Sen. Mike B. Enzi**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

**Transaction ID : 62420212**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Al Franken For Senate 2014**

Mailing Address PO Box 583144

City	State	Zip Code
Minneapolis	MN	55458

Purpose of Disbursement  
campaign contribution

Candidate Name

**Sen. Al Franken**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

**Transaction ID : 62420213**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**B. Shaheen For Senate**

Mailing Address 105 N State Street

City	State	Zip Code
Concord	NH	03301

Purpose of Disbursement  
campaign contribution

Candidate Name

**Sen. Jeanne Shaheen**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

**Transaction ID : 62420214**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**C. Texans For Senator John Cornyn Inc**

Mailing Address PO Box 13026

City	State	Zip Code
Austin	TX	78711

Purpose of Disbursement  
campaign contribution

Candidate Name

**Sen. John Cornyn**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

**Transaction ID : 62420215**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. McConnell Senate Committee '14**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

Mailing Address PO Box 1496

City	State	Zip Code
Louisville	KY	40201

**Transaction ID : 62420216**Purpose of Disbursement  
campaign contribution

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Sen. Mitch McConnell**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

campaign contribution

State: KY

District:

Full Name (Last, First, Middle Initial)

**B. Alaskans For Begich 2014**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Mailing Address 1231 W Northern Lts #605

City	State	Zip Code
Anchorage	AK	99503

**Transaction ID : 62424783**Purpose of Disbursement  
campaign contribution

011

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**Sen. Mark P. Begich**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

campaign contribution

State: AK

District:

Full Name (Last, First, Middle Initial)

**C. Ron Barber For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Mailing Address PO Box 57715

City	State	Zip Code
Tucson	AZ	85732

**Transaction ID : 62424785**Purpose of Disbursement  
campaign contribution

011

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Rep. Ron Barber**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

campaign contribution

State: AZ

District: 02

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAAC)**

Full Name (Last, First, Middle Initial)

**A. Friends Of John Barrow**

Mailing Address PO Box 1001

City	State	Zip Code
Augusta	GA	30903

Purpose of Disbursement  
campaign contribution

Candidate Name

**Rep. John Barrow**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

**Transaction ID : 62429780**

Amount of Each Disbursement this Period

1000.00
---------

campaign contribution

Full Name (Last, First, Middle Initial)

**B. Barbara Lee For Congress**

Mailing Address 409 13th St, 17th Fl

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement  
campaign contribution

Candidate Name

**Rep. Barbara Lee**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

**Transaction ID : 62653615**

Amount of Each Disbursement this Period

500.00
--------

campaign contribution

Full Name (Last, First, Middle Initial)

**C. Bill Cassidy For Us Senate**

Mailing Address PO Box 80505

City	State	Zip Code
Baton Rouge	LA	70898

Purpose of Disbursement  
campaign contribution

Candidate Name

**William Cassidy**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

**Transaction ID : 62718942**

Amount of Each Disbursement this Period

1000.00
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campaign contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. National Republican Senatorial Committee (NRSC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2014

Mailing Address 425 Second Street, N.E., Third Flo

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : 62761500**

Amount of Each Disbursement this Period

2500.00
---------

Campaign Contribution

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

26500.00